



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re: Application of: David SCHAIBLE, et al.
 Serial No.: 10/010,907
 Filed: November 2, 2001
 For: **PROCESS FOR PRODUCING
 MICROCRYSTALLINE CELLULOSE**
 Examiner: Mark Halpern (Art Unit: 1731)

MAIL STOP: Non-Fee Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

December 4, 2003

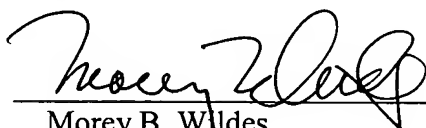
RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT

S I R:

In a Notice of Non-Compliant Amendment dated November 25, 2003 from the U.S. Patent and Trademark Office with regard to the above-identified application, the USPTO advised that Applicants' Response to Office Action dated November 4, 2003 was non-compliant due to improper status identifiers for claims 1, 12 and 18. In response, Applicants herewith resubmits the "Amendments to the Claims" section of Applicants' Response to Office Action, wherein claims 1, 12 and 18 have proper status identifiers, namely "Currently Amended".

Reconsideration of the present application, as amended, is requested. An early and favorable action on the merits is earnestly solicited.

Respectfully Submitted,
 DAVIDSON, DAVIDSON & KAPPEL, LLC

By: 
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Image

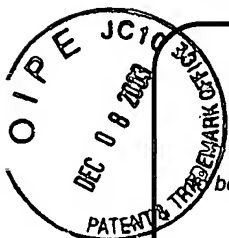
PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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1731



TRANSMITTAL FORM

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TRANSMITTAL FORM be used for all correspondence after initial filing)		Application Number	10/010,907
		Filing Date	November 2, 2001
		First Named Inventor	David SCHABLE
		Group Art Unit	1731
		Examiner Name	Mark Halpern
Total Number of Pages in This Submission	6	Attorney Docket Number	541.1029US2

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Return Receipt Postcard
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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Signature					
Date	December 4, 2003				

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Patricia Kane		
Signature		Date	December 4, 2003

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